

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 535522

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52				1		
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		2					59						
10		6					60						
11		6					61						
12		6					62						
13		6					63						
14		6					64						
15		6					65						
16		6					66						
17		6					67						
18		6					68						
19		6					69						
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41		6					91						
42		6					92						
43		6					93						
44		6					94						
45		6					95						
46		6					96						
47		6					97						
48		6					98						
49		6					99						
50		6					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	23	←		←
TOTAL CLAIMS							TOTAL CLAIMS			24			

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